COMMITTEE NAME: AMERICAN LATINO ALLIANCE POLITICAL ACTION COMMITTEE 2012 JAN 19 AM 11: 25 FEC MAIL CENTER

January 18, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

Dear Sir or Madam:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Transurar

## 12050711574

FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED

2012 JAN 19 AM 11: 25

Office use only

1.	NAME OF COMMITTEE (in full)	113.80	(Check if name is changed)		nple: If typying, type the lines	12FE4M5	TANE CHIEK
Ш	American Latino Allia	nce Polit	ical Action Comm	nittee			
Ш							
ADI	DRESS (number and street)	161	7 Inlet Court				
	(Check if address is changed)	Pos	ton.	<u> </u>			22000
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				CITY		STATE	ZIP CODE 🛦
co	MMITTEE'S E-MAIL ADDRE						
	(Check if address is changed)	joe(	@yelasquezconne	ections.	com		
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СО	MMITTEE'S WEB PAGE AD	DRESS (I	JRL)				
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2.	DATE M M / D	<b>18</b>	2012				
3.	FEC IDENTIFICATION NU	MBER		C	en parision agreement proposition of the second proposition of the sec		
4.	IS THIS STATEMENT	NE	W(N) OR		AMENDED (A)		
				800E 2014			
l ce	rtify that I have examined this St	atement ar	nd to the best of my kno	wledge an	d belief it is true, correct a	and complete	
Тур	oe or Print Name of Treasure	r	Joe Velasquez				
		1.	11100			₽ <del>M°</del> M1	/ [ D
Sig	nature of Treasurer	fl	My S			Date 6,/	1.81 20,1.2
NO	TE: Submission of false, erroned	ous, ar inco	mplete information may	subject th	e person signing this Stat	tement to the penalties	of 2 U.S.C. §437g.
		ANY CH	ANGE IN INFORMAT	TION SHO	OULD BE REPORTED	WITHIN 10 DAYS	
	Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

5.	TYPE	OF CO	MMITTEE (Check One)						
	Candidate Committee:								
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Cand								
	Cand Party	lidate Affiliatio	on Coffice State Senate President District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand	-							
	Party	Comm							
	(d)		(National, State (This committee is a (National, State) (Oemocratic, Republican, etc.) Party.						
_	Politi	ical Act	ion Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
		1 Company	Corporation Corporation w/o Capital Stock Labor Organization						
			Membership Organization Trade Association Cooperative						
			P+1						
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party						
		X	committee. (i.e., nonconnected committee)						
			In addition, this committee is a Lobbyist/Registrant PAC						
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint	Fundra	ising Representative:						
			This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political						
	(g)	Sessen S	committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
		Comi	mittees Participating in Joint Fundraiser						
			1. FEC ID number C						
			2. FEC ID number						
			3. FEC ID number C						
			4 FEC ID number C						

			ership PAC Sponsor
Name of Any Connected On NONE  Mailing Address  Relationship:	ganization, Affiliated Committee, Joint Fu		
NONE  Mailing Address  Relationship:			
Mailing Address  Relationship:			
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handers.	Affiliated Committee Jo	int Fundraising Representative	Leadership PAC Sponse
Full Name Joe Ve Mailing Address	lasquez 1617 Inlet Court		
	Reston	VA	22090 _
Title or Position ♥  Treasurer	CITY A	STATE Telephone number 202	ZIP CODE & - 0033
name and address of any	and address (phone number optiona designated agent (e.g., assistant treas lasquez 1617 Inlet Court	•	ee; and the
	Reston		20190 22000 -
Title or Position ♥	CITY A	STATE	ZIP CODE A

FEC Form 1 (Rev	ised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position <b>∀</b>	CITY A	STATE A	ZIP CODE A
	·	Telephone number	<u>·</u>
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	maintains funds.		
-	Washington	. DC	, , 20006 ] _ [ , , , ]
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Bank, Deposit	ory, etc.		
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Mailing Address	<u> </u>		
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	CITY A	STATE	ZIP CODE A

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):